



**TOWN OF FORT QU'APPELLE  
CANCELLATION PRE-AUTHORIZATION PAYMENT AGREEMENT FORM**

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Customer Name Email Address

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Street Address City/Town

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Province Postal Code Phone Number

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Mailing Address

I/We (the above-named customers) hereby cancel the Pre-authorized Payment Agreement for my/our:

- Utility Account Effective Date: \_\_\_\_\_
- Property Tax Account Effective Date: \_\_\_\_\_

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**Authorized Signature**

**Date**